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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUL 06 2004

Appl. No. : 09/750,071
First Named Inventor : Maged E. Beshai
TC/A.U. : 2661
Examiner : Anthony T. Ton
Filed : 12/29/2000

Confirmation No.: 6228

OFFICIAL

Docket No. : 91436-314
Customer No. : 22463

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Transmission

I hereby certify that this correspondence is being
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on July 6, 2004.

Signature

Ronald D. Faggetter

Dear Sir:

PTO Customer No. 22463

RESPONSE TO OFFICE ACTION

In response to the office action dated April 7, 2004, please amend the
application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins
on page 3 of this paper.

Remarks/Arguments begin on page 14 of this paper.

09750071

192548

12/03/2004 AM11:01 0006:205

234.00 DA

01 FC:1202

258.00 DA

02 FC:1201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:
Maged E. Beshal

Serial No.: 09/750,071

Filed: December 29, 2000

For: BURST SWITCHING IN
A HIGH CAPACITY NETWORK

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
USA

Group Art Unit 2661

Examiner: Anthony T. Ton

Attorney Docket No.: 91436-314

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on July 6, 2004.

Signature

Ronald D. Faggetter

TRANSMITTAL LETTER (Large Entity)

Dear Sir:

Transmitted herewith is a response in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34	21	13	X \$18.00	\$234
INDEP. CLAIMS	11	8	3	X \$86.00	\$258
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$492

- ☐ No additional fee is required for amendment.
- ☒ Please charge Deposit Account No. 19-2548 in the amount of \$492.00. A duplicate copy of this sheet is enclosed.
- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered. Please charge the fees required therefor to Deposit Account No. 19-2548.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2548. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application prosecution fees under 37 C.F.R. 1.17.

July 6, 2004

Date
91436-286
Encl.
Telephone: (416) 593-5514

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